				s		lina Cases March 31,	of HIV and AID 2006)S			
			AIDS (`~~~				шк	/ Casas		
County/	Cumulati	ive Throug			Jan.1-De	c.31,2005	Cumulative	Through Marc	/ Cases h 31. 2006	Jan.1-Dec	.31.2005
District	Cases	Rate	Rank	Deaths	Cases	Rate	Cases	Rate	Rank	Cases	Rate
Total*	15,848	374.7		7,482	719	17.0	21,220	501.7		771	18.2
Abbeville	31	116.5	44	10			56	210.4	43		
Aiken	298	197.1	33	177	. 8	5.3	523	345.9	27	15	9.9
Allendale	43	385.0	14	22			79	707.3	11		
Anderson	248	142.5	42	128	8	4.6	396	227.5	42	13	7.5
Bamberg	99	625.4	2	49		. 25.2	177	1,118.0	2		25.2
Barnwell Beaufort	98 245	413.3 177.8	11 37	45 113	6 13	25.3 9.4	161 430	679.0 312.0	13 32	6 18	25.3 13.1
Berkeley	241	158.7	41	114	16	10.5	353	232.5	41	16	10.5
Calhoun	42	270.6	21	21			44	283.5	39		
Charleston	1,513	465.4	8	806	58	17.8	2,553	785.2	6	62	19.1
Cherokee	74 58	135.9 170.0	43 39	37 25			107	196.5 298.9	44 35		-
Chester Chesterfield	82	189.0	35	41	6	13.8	102 122	298.9	40		
Clarendon	161	485.1	6	69	9	27.1	232	699.0	12	7	21.1
Colleton	151	379.1	15	72			238	597.5	17		
Darlington	225	330.1	17	105	11	16.1	351	514.9	19	7	10.3
Dillon	92	298.5	20	47			166	538.6	18	11	35.7
Dorchester Edgefield	232 67	214.2 267.4	27 22	105 33	9	8.3	340 195	313.9 778.1	30 7	8 8	7.4 31.9
Fairfield	73	302.2	19	31	11	45.5	108	447.0	23	6	24.8
Florence	508	390.5	12	244	39	30.0	923	709.6	10	44	33.8
Georgetown	196	326.9	18	103	6	10.0	308	513.8	20	9	15.0
Greenville	1,003	249.1	24	514	56	13.9	1,584	393.4	26	59	14.7
Greenwood	144	210.4	30	65	8	11.7	272	397.5	25	14	20.5
Hampton	72	334.0	16	31		14.6	136	630.8	15 22	. 42	. 10.0
Horry Jasper	533 96	243.9 451.1	26 10	256 51	32 7	32.9	1,009 139	461.7 653.2	14	7	19.2 32.9
Kershaw	148	266.4	23	70	7	12.6	234	421.2	24		<u> </u>
Lancaster	119	189.6	34	58	6	9.6	181	288.4	38	8	12.7
Laurens	129	180.3	36	67	8	11.2	211	294.9	36	6	8.4
Lee	79	385.4	13	33			123	600.0	16		
Lexington Marion	474 163	203.1 461.8	32 9	208 87	21	9.0	717 261	307.3 739.4	33 8	36 8	15.4 22.7
Marlboro	133	473.0	7	69	. 8	28.4	207	739.4	9	0	22.1
McCormick	26	247.4	25	7		20.1	52	494.8	21		
Newberry	79	211.8	29	37			127	340.5	28		
Oconee	67	95.2	46	36	8	11.4	84	119.3	45		
Orangeburg	498	540.9	4	264	20	21.7	846	918.9	3	30	32.6
Pickens Richland	124 2,397	106.8 712.1	45 1	58 1,025	127	37.7	137 4,046	118.0 1,202.0	46 1	176	52.3
Saluda	40	208.6	31	1,023	121	31.1	58	302.4	34	170	32.3
Spartanburg	569	213.3	28	271	35	13.1	851	319.1	29	31	11.6
Sumter	577	530.2	5	271	27	24.8	905	831.6	4	25	23.0
Union	50	172.1	38	22			91	313.3	31	7	24.1
Williamsburg	199	554.2	3	92	12	33.4	292	813.1	5	13	36.2
York Unknown	295 26	160.9	40	147 12	15	8.2	534 159	291.2	37	29	15.8
CHRIOWII	20			12			139				
App I	315	128.8	13	164	16	6.5	480	196.3	13	17	7.0
App II	1,127	217.3	9	572	61	11.8	1,721	331.8	10	63	12.1
App III	693	197.9	10	330	40	11.4	1,049	299.5	11	40	11.4
Catawba Edisto	472 630	168.4 517.7	12	230 334	25 25	8.9	817 1.067	291.5	12 1	42 34	15.0
Low Country	639 564	255.8	7	267	28	20.3 12.7	1,067 943	864.5 427.7	7	34	27.5 14.5
Lower Sav	439	235.9	8	244	14	7.5	763	410.0	8	24	12.9
Palmetto	3,023	478.7	2	1,301	163	25.8	4,998	791.5	2	219	34.7
Pee Dee	1,203	358.2	4	593	72	21.4	2,030	604.4	4	77	22.9
Trident	1,986	339.3	5	1,025	83	14.2	3,246	554.6	5	86	14.7
Upper Sav Waccamaw	437 928	197.4 295.2	11	198 451	24	10.8 15.9	1 600	381.3	9	32 64	14.5 20.4
Wateree	928	295.2 442.5	6	451	50 46	21.1	1,609 1,494	511.8 685.1	3	41	18.8
	505	172.0		773	70	۷۱	1,734	000.1		71	10.0
Out of State	3,031	N/A	N/A	1,318	72	N/A					-

Notes:

Data in this quarterly report are provisional. Case rate per 100,000 population based on 2000 census estimates.

Cells with 3 or fewer cases or deaths are set to missing (.).

AIDS cases are included in counts of HIV cases. HIV and AIDS data are categorized by year of diagnosis.

*Out of State AIDS cases are included in "Total" Category.

** Refer to the technical notes for information about the effect of the IDEP

**Interstate Dunlication Evaluation Project) on AIDS and HIV case counts.

		S	outh Carol	ina Cases of To		is, Infectio Iarch 31, 2		onorrhea, a	nd Chlamy	/dia		
	Tot	al Syphilis		Infect	ious Syphi	lis	G	onorrhea			Chlamydia	
County/	Jan-Mar 2006		c 2005	Jan-Mar 2006	Jan-De		Jan-Mar 2006	Jan-De		Jan-Mar 2006	Jan-Dec	
District	Cases	Cases	Rate	Cases	Cases	Rate	Cases	Cases	Rate	Cases	Cases	Rate
Total*	105	523	12.4	19	81	1.9	2,180	8,740	206.6	4,887	18,582	439.3
Abbeville	1	5	18.8	0	0	0.0	10	28	105.2		80	300.6
Aiken	1	14	9.3	1	2	1.3	42	143	94.6		493	326.1
Allendale Anderson	0	1 20	9.0 11.5	0	1	9.0	16 76	60 241	537.2 138.4	17 121	100 457	895.3 262.5
Bamberg	0	5	31.6	0	0	0.0	17	70	442.2	42	175	1106.0
Barnwell	1	2	8.4	0	0	0.0	2	43	181.4	20	110	463.9
Beaufort	0	3	2.2	0	0	0.0	51	175	127.0		483	350.5
Berkeley	1	6	4.0	0	0	0.0	46	158	104.0		343	225.9
Calhoun Charleston	0 2	3 35	19.3 10.8	0	0 6	0.0	4 280	15 1,191	96.6 366.3		20 2,126	128.9 653.9
Cherokee	1	5	9.2	0	0	0.0	62	162	297.6		190	349.0
Chester	4	3	8.8	1	0	0.0	23	79	231.5		151	442.6
Chesterfield	0	4	9.2	0	1	2.3	11	48	110.7	37	174	401.1
Clarendon	0	5	15.1	0	0	0.0	9	83	250.1	47	236	711.1
Colleton Darlington	0	21	10.0 30.8	0	0	0.0	13 26	54 156	135.6 228.8	30 49	148 269	371.6 394.6
Dillon	1	5	16.2	0	1	3.2	12	109	353.7	55	239	775.5
Dorchester	0	6	5.5	0	0	0.0	41	139	128.3		416	384.1
Edgefield	0	2	8.0	0	0	0.0	8	22	87.8		86	343.2
Fairfield	0	6	24.8	0	3	12.4	5	40	165.6		92	380.8
Florence Georgetown	9	21 5	16.1 8.3	0	0	0.0	89 26	492 132	378.2 220.2	179 60	840 256	645.8 427.0
Greenville	10	54	13.4	1	8	2.0	199	836	207.6		1,258	312.4
Greenwood	9	10	14.6	0	0	0.0	46	187	273.3		340	496.9
Hampton	0	2	9.3	0	0	0.0	9	48	222.6		113	524.1
Horry	10	21	9.6	4	1	0.5	98	504	230.6		947	433.3
Jasper Kershaw	0 2	2 9	9.4 16.2	0	1 0	4.7 0.0	10 13	26 66	122.2 118.8	24 58	116 234	545.1 421.2
Lancaster	2	5	8.0	0	0	0.0	20	114	181.6		206	328.2
Laurens	2	6	8.4	0	0	0.0	29	86	120.2	61	174	243.2
Lee	1	2	9.8	0	1	4.9	19	81	395.1	20	164	800.0
Lexington	2	18	7.7	0	4	1.7	68	225	96.4	228	700	300.0
Marion Marlboro	4 2	8 6	22.7 21.3	2	1 2	2.8 7.1	41 14	133 70	376.8 248.9		256 148	725.2 526.3
McCormick	0	3	28.5	0	0	0.0	1	14	133.2	12	36	342.5
Newberry	3	2	5.4	0	0	0.0	10	44	118.0	49	172	461.1
Oconee	0	2	2.8	0	0	0.0	10	23	32.7	41	152	215.9
Orangeburg	3	18	19.6	0	3	3.3	78	352	382.3	187	761	826.5
Pickens Richland	1 16	3 77	2.6 22.9	0 10	0 23	0.0 6.8	13 311	57 1,040	49.1 309.0	53 731	158 2,404	136.1 714.2
Saluda	0	2	10.4	0	0	0.0	5	17	88.6		73	380.6
Spartanburg	3	16	6.0	0	5	1.9	173	522	195.7	270	909	340.8
Sumter	6	40	36.8	0	6	5.5	58	241	221.5		827	760.0
Union	0	1	3.4	0	0	0.0		54	185.9		141	485.4
Williamsburg York	0	5 29	13.9 15.8	0	1 9	2.8 4.9	13 64	95 225	264.6 122.7		157 554	437.2 302.1
Unknown	0	1		0	1		1	40		5	98	
App I	3	22	9.0	0	1	0.4	86	264	108.0		609	249.1
App II	11	57	11.0	1 0	8	1.5	212	893	172.2		1,416	273.0
App III Catawba	7	22 37	6.3 13.2	1	5 9	1.4 3.2	243 107	738 418	210.7 149.2		1,240 911	354.1 325.1
Edisto	3	26	21.1	0	3	2.4	99	437	354.1		956	774.6
Low Country	0	11	5.0	0	1	0.5	83	303	137.4		860	390.1
Lower Sav	2	17	9.1	1	3	1.6	60	246	132.2		703	377.8
Palmetto	21	103	16.3	10	30	4.8	394	1,349	213.6		3,368	533.4
Pee Dee Trident	20	65 47	19.4 8.0	2	5 6	1.5 1.0	193 367	1,008 1,488	300.1 254.2		1,926 2,885	573.4 492.9
Upper Sav	12	28	12.7	0	0	0.0		354	159.9		789	356.5
Waccamaw	10	31	9.9	4	2	0.6		731	232.5		1,360	432.6
Wateree	9	56	25.7	0	7	3.2	99	471	216.0	305	1,461	670.0

Notes:
Data in this quarterly report are provisional.
Case rate per 100,000 population based on 2000 census estimates.

Using These Tables

Number of cases per 100,000 population								
			Table 1					
			tes per 100,00					
			te, Ranked by					
Incidence Rates,	Diagnosèd Ja	anuary 1 - De	ecember 31, 1	999 and Jan	uary 1 - Dece	mber 31, 20	000	
0			gh June 30, 2		Jan. 1 - Dec	•	Jan. 1 - Dec	
County	Cases	Rate**	Rank	Deaths	Cases	Rate	Cases	Rate
Abbeville	19	72.6	46	10	4	16.2	#	# 7
Aiken Allendale	253 37	330.0	29	143 19	15 5	11.1 44.2	#	7.
Anderson	189	114.0	42	96	17	10.4	16	9.
Bamberg	86	516.3	2	42	6	36.8	5	30.0
Barnwell	67	285.4	15	35	5	23.0	10	42.0
Beaufort	185	153.0	7 34	91	15	13.3	16	13.2
Berkeley	189	132.5	37	96	13	9.1	16	11.2
Calhoun	30	197.6	26	18	#	#	#	#
Cumoun	30	177.0	/ 20	10	"	"	"	"
			County ranki	ng by rate				
Cumulative number of cases.			since 1982.	ing by rate				
Note if AIDS/HIV/STD case. Sout	Cases Di	agnosed Jan	Table 8 Age Group, E uary - Decem	ber 1999 and	d 2000	ex		
	Cases Di	agnosed Jan e Totals by A	Age Group, E	ber 1999 and Exposure C	d 2000	∋x		
	Cases Di	agnosed Jan ve Totals by A Cumulativ	Age Group, E uary - Decem age Group and e Through Jui	ber 1999 and Exposure C	d 2000			
Sout	Cases Di Cumulativ	agnosed Jan ve Totals by A Cumulativ Ma	Age Group, E uary - Decem ige Group and e Through Jui les	ber 1999 and I Exposure C ne 2001	d 2000 ategory	Fem		21, 2000
	Cases Di Cumulativ Jan. 1 - De	agnosed Jan ve Totals by A Cumulativ Ma c. 31, 1999	Age Group, E uary - Decem age Group and e Through Jud les Jan. 1 - Dec	ber 1999 and I Exposure C ne 2001 :. 31, 2000	d 2000 ategory Jan. 1 - Dec	Fem :. 31, 1999	Jan. 1 - Dec	•
Sout Adult/adolescent exposure category***	Cases Di Cumulativ Jan. 1 - De Cases	agnosed Jani re Totals by A Cumulativ Ma c. 31, 1999 %	Age Group, E uary - Decemi ge Group and e Through Jui les Jan. 1 - Dec Cases	ber 1999 and d Exposure C ne 2001 :. 31, 2000 %	d 2000 ategory Jan. 1 - Dec Cases	Fem	Jan. 1 - Dec Cases	:. 31, 2000 %
Sout Adult/adolescent exposure category*** Men who have sex with men	Cases Di Cumulativ Jan. 1 - De Cases	agnosed Janive Totals by A Cumulativ Ma c. 31, 1999 % 34%	Age Group, E uary - Decemi ge Group and e Through Juri les Jan. 1 - Dec Cases	ber 1999 and Exposure C ne 2001 31, 2000 % 32%	Jan. 1 - Dec Cases	Fem :. 31, 1999 %	Jan. 1 - Dec Cases N/A	%
Sout Adult/adolescent exposure category*** Men who have sex with men Injecting drug use	Jan. 1 - De Cases 226 67	agnosed Janive Totals by A Cumulativ Ma c. 31, 1999 % 34% 10%	Age Group, E uary - Decemi ge Group and e Through Jui les Jan. 1 - Dec Cases 193 53	ber 1999 and Exposure C ne 2001 31, 2000 % 32% 9%	Jan. 1 - Dec Cases N/A	Fem :. 31, 1999	Jan. 1 - Dec Cases N/A	%
Sout Adult/adolescent exposure category*** Men who have sex with men Injecting drug use Men who have sex with men & inject drugs	Cases Di Cumulativ Jan. 1 - De Cases	agnosed Janive Totals by A Cumulative Ma c. 31, 1999 % 34% 10% 2%	Age Group, E uary - Decemi ge Group and e Through Juri les Jan. 1 - Dec Cases	ber 1999 and Exposure C ne 2001 31, 2000 % 32% 9% 1%	Jan. 1 - Dec Cases	Fem :. 31, 1999 % 8%	Jan. 1 - Dec Cases N/A 29 N/A	%
Adult/adolescent exposure category*** Men who have sex with men Injecting drug use Men who have sex with men & inject drugs Hemophilia/coagulation disorder	Jan. 1 - De Cases 226 67 13	agnosed Jamere Totals by A Cumulativ Ma c. 31, 1999 % 34% 10% 2% 0%	Age Group, E uary - Decem ge Group and e Through Jun les Jan. 1 - Dec Cases 193 53 9	ber 1999 and Exposure Cone 2001 31, 2000 32% 9% 1% 0%	Jan. 1 - Dec Cases N/A 26 N/A	Fem :. 31, 1999 % 8% 0%	Jan. 1 - Dec Cases N/A 29 N/A 2	% 9°
Sout Adult/adolescent exposure category*** Men who have sex with men Injecting drug use Men who have sex with men & inject drugs Hemophilia/coagulation disorder	Jan. 1 - De Cases 226 67	agnosed Janive Totals by A Cumulative Ma c. 31, 1999 % 34% 10% 2%	Age Group, E uary - Decemi ge Group and e Through Jun les Jan. 1 - Dec Cases 193 53 9	ber 1999 and Exposure C ne 2001 31, 2000 % 32% 9% 1%	Jan. 1 - Dec Cases N/A 26 N/A	Fem :. 31, 1999 % 8%	Jan. 1 - Dec Cases N/A 29 N/A	9'
Adult/adolescent exposure category*** Men who have sex with men Injecting drug use Men who have sex with men & inject drugs Hemophilia/coagulation disorder Heterosexual contact:	Jan. 1 - De Cases 226 67 13	agnosed Jamere Totals by A Cumulativ Ma c. 31, 1999 % 34% 10% 2% 0%	Age Group, E uary - Decem ge Group and e Through Jun les Jan. 1 - Dec Cases 193 53 9 - 116	ber 1999 and Exposure Cone 2001 31, 2000 32% 9% 1% 0%	Jan. 1 - Dec Cases N/A 26 N/A - 192	Fem :. 31, 1999 % 8% 0%	Dan. 1 - Dec Cases N/A 29 N/A 2 149	90
Adult/adolescent exposure category*** Men who have sex with men Injecting drug use Men who have sex with men & inject drugs Hemophilia/coagulation disorder Heterosexual contact: Sx w/ injecting drug user	Jan. 1 - De Cases 226 67 13 -	agnosed Jamere Totals by A Cumulativ Ma c. 31, 1999 % 34% 10% 2% 0%	Age Group, E uary - Decem ge Group and e Through Jun les Jan. 1 - Dec Cases 193 53 9 - 116 5	ber 1999 and Exposure Cone 2001 31, 2000 % 32% 9% 1% 0%	Jan. 1 - Dec Cases N/A 26 N/A - 192	Fem :. 31, 1999 % 8% 0%	Jan. 1 - Dec Cases N/A 29 N/A 2 149	90
Adult/adolescent exposure category*** Men who have sex with men Injecting drug use Men who have sex with men & inject drugs Hemophilia/coagulation disorder Heterosexual contact: Sx w/ injecting drug user Sx w/ bisexual male	Jan. 1 - De Cases 226 67 13 - 149	agnosed Jamere Totals by A Cumulativ Ma c. 31, 1999 % 34% 10% 2% 0%	Age Group, E uary - Decem ge Group and e Through Jun les Jan. 1 - Dec Cases 193 53 9 - 116	ber 1999 and Exposure Cone 2001 31, 2000 % 32% 9% 1% 0%	Jan. 1 - Dec Cases N/A 26 N/A - 192 26 7	Fem :. 31, 1999 % 8% 0%	Dan. 1 - Dec Cases N/A 29 N/A 2 149	90
Adult/adolescent exposure category*** Men who have sex with men Injecting drug use Men who have sex with men & inject drugs Hemophilia/coagulation disorder Heterosexual contact: Sx w/ injecting drug user	Jan. 1 - De Cases 226 67 13 - 149 N/A 2	agnosed Jamere Totals by A Cumulative Mac. 31, 1999 % 34% 10% 2% 0%	Age Group, E uary - Decem ge Group and e Through Jun les Jan. 1 - Dec Cases 193 53 9 - 116 5	ber 1999 and Exposure Cone 2001 31, 2000 % 32% 9% 1% 0%	Jan. 1 - Dec Cases N/A 26 N/A - 192	Fem :. 31, 1999 % 8% 0%	Dan. 1 - Dec Cases N/A 29 N/A 2 149 15 6	% 9°
Adult/adolescent exposure category*** Men who have sex with men Injecting drug use Men who have sex with men & inject drugs Hemophilia/coagulation disorder Heterosexual contact: Sx w/ injecting drug user Sx w/ bisexual male Sx w/ person with hemophilia	Jan. 1 - De Cases 226 67 13 - 149 N/A 2	agnosed Jamere Totals by A Cumulative Mac. 31, 1999 % 34% 10% 2% 0%	Age Group, E uary - Decem ge Group and e Through Jun les Jan. 1 - Dec Cases 193 53 9 - 116 5 N/A -	ber 1999 and Exposure Cone 2001 31, 2000 % 32% 9% 1% 0%	Jan. 1 - Dec Cases N/A 26 N/A - 192 26 7	Fem :. 31, 1999 % 8% 0%	Jan. 1 - Dec Cases N/A 29 N/A 2 149 15 6	% 99
Adult/adolescent exposure category*** Men who have sex with men Injecting drug use Men who have sex with men & inject drugs Hemophilia/coagulation disorder Heterosexual contact: Sx w/ injecting drug user Sx w/ bisexual male Sx w/ person with hemophilia Sx w/ transfusion recipient w/HIV	Jan. 1 - De Cases 226 67 13 - 149 N/A 2 1	agnosed Jamere Totals by A Cumulative Mac. 31, 1999 % 34% 10% 2% 0%	Age Group, E uary - Decem ge Group and e Through Jun les Jan. 1 - Dec Cases 193 53 9 - 116 5 N/A	ber 1999 and Exposure Cone 2001 31, 2000 % 32% 9% 1% 0%	Jan. 1 - Dec Cases N/A 26 N/A - 192 26 7	Fem :. 31, 1999 % 8% 0%	Jan. 1 - Dec Cases N/A 29 N/A 2 149 15 6	% 99
Adult/adolescent exposure category*** Men who have sex with men Injecting drug use Men who have sex with men & inject drugs Hemophilia/coagulation disorder Heterosexual contact: Sx w/ injecting drug user Sx w/ bisexual male Sx w/ person with hemophilia Sx w/ transfusion recipient w/HIV	Cases Di Cumulativ Jan. 1 - De Cases 226 67 13 - 149 N/A 2 1 127	agnosed Jamere Totals by A Cumulative Mac. 31, 1999 % 34% 10% 2% 0%	Age Group, E uary - Decem ge Group and e Through Jun les Jan. 1 - Dec Cases 193 53 9 - 116 5 N/A	ber 1999 and Exposure Cone 2001 31, 2000 % 32% 9% 1% 0%	Jan. 1 - Dec Cases N/A 26 N/A - 192 26 7	Fem :. 31, 1999 % 8% 0%	Jan. 1 - Dec Cases N/A 29 N/A 2 149 15 6	% 99 19 489
Adult/adolescent exposure category*** Men who have sex with men Injecting drug use Men who have sex with men & inject drugs Hemophilia/coagulation disorder Heterosexual contact: Sx w/ injecting drug user Sx w/ bisexual male Sx w/ person with hemophilia Sx w/ transfusion recipient w/HIV Sx w/HIV+ person, risk not specified	Jan. 1 - De Cases 226 67 13 - 149 N/A 2 1 127	agnosed Janive Totals by A Cumulative Mac. 31, 1999 % 34% 10% 2% 0% 23%	Age Group, E uary - Decem ge Group and e Through Jun les Jan. 1 - Dec Cases 193 53 9 - 116 5 N/A - 111	ber 1999 and Exposure Cone 2001 3. 31, 2000 % 32% 9% 1% 0% 19%	Jan. 1 - Dec Cases N/A 26 N/A - 192 26 7 1 1 157	Fem :. 31, 1999 % 8% 0% 62%	Jan. 1 - Dec Cases N/A 29 N/A 2 149 15 6 1 1 -	% 99 19 489
Adult/adolescent exposure category*** Men who have sex with men Injecting drug use Men who have sex with men & inject drugs Hemophilia/coagulation disorder Heterosexual contact: Sx w/ injecting drug user Sx w/ bisexual male Sx w/ person with hemophilia Sx w/ transfusion recipient w/HIV Sx w/HIV+ person, risk not specified Receipt of blood transfusion/components	Cases Di Cumulativ Jan. 1 - De Cases 226 67 13 - 149 N/A 2 1 127	agnosed Jamere Totals by A Cumulative Mac. 31, 1999 % 34% 10% 2% 0% 23%	Age Group, E uary - Decem ge Group and e Through Jun les Jan. 1 - Dec Cases 193 53 9 - 116 5 N/A 111	ber 1999 and Exposure Cone 2001 3. 31, 2000 % 32% 9% 1% 0% 0%	Jan. 1 - Dec Cases N/A 26 N/A - 192 26 7 1 1 157	Fem :. 31, 1999 % 8% 0% 62%	Jan. 1 - Dec Cases N/A 29 N/A 2 149 15 6 1 1 - 127	% 99 19 489 489
Adult/adolescent exposure category*** Men who have sex with men Injecting drug use Men who have sex with men & inject drugs Hemophilia/coagulation disorder Heterosexual contact: Sx w/ injecting drug user Sx w/ bisexual male Sx w/ person with hemophilia Sx w/ transfusion recipient w/HIV Sx w/HIV+ person, risk not specified Receipt of blood transfusion/components Undetermined Confirmed Other	Cases Di Cumulativ Jan. 1 - De Cases 226 67 13 - 149 N/A 2 1 127 4 199	agnosed Jamere Totals by A Cumulative Mac. 31, 1999 % 34% 10% 2% 0% 23% 11% 30% 0%	Age Group, E uary - Decem ge Group and e Through Jun les Jan. 1 - Dec Cases 193 53 9 - 116 5 N/A 111 - 236 -	ber 1999 and Exposure Cone 2001 3. 31, 2000 % 32% 9% 1% 0% 19% 0% 39% 0%	Jan. 1 - Dec Cases N/A 26 N/A - 192 26 7 1 1 157	Fem :. 31, 1999 % 8% 0% 62%	Jan. 1 - Dec Cases N/A 29 N/A 2 149 15 6 1 1 - 127 2 130	99 19 489 489 19 429 09
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TECHNICAL NOTES – March 31, 2006

Legal Reporting Requirements in South Carolina

HIV infection and AIDS cases are reportable in South Carolina by law. All physicians, hospitals, laboratories, administrators of health care facilities, charitable or penal institutions, etc., are required to report HIV infections and AIDS cases to DHEC with identifiers (See S.C. Code Ann. Sections 44-29-10, 70, and 80 (Supp. 1989); 24A S.C. Code Ann. Reg. 61-20 (Supp. 1989) and 24A S.C. Code Ann. Reg 61-21 (as amended). All information regarding sexually transmitted diseases including HIV and AIDS, reported to DHEC must be kept strictly confidential (See S.C. Code Ann. Section 44-29-135 (Supp. 1989).

Surveillance and Reporting in South Carolina

Data in this report are provisional. The data are constantly updated to reflect the most accurate statistics. Reporting delays (time between diagnosis and report to DHEC) are as follows: approximately 84% of all AIDS cases are reported within 3 months of diagnosis; approximately 93% are reported within 6 months of diagnosis; about 95% are reported within 9 months diagnosis; approximately 96% are reported within 12 months of diagnosis; and 4% are reported more than 1 year after diagnosis.

Age group tabulations are based on person's age at diagnosis of HIV or AIDS; adult/adolescent cases include persons 13 years and older; pediatric AIDS cases include children under 13 years of age. Pediatric HIV positive children are not included in the HIV data until they are confirmed HIV positive at 18 months of age.

County tabulations are based on person's country of residence in South Carolina at the time of initial diagnosis of AIDS or HIV infection. For statistical purposes, the county data are never updated to reflect the migratory patterns that may occur. AIDS cases that are diagnosed outside of South Carolina are reflected in the out-of-state category. These cases are deemed out-of-state according to the jurisdiction policies set by the National Centers for Disease Control and Prevention (CDC).

Completeness of AIDS case reporting has been assessed in South Carolina. Findings from a validation study of 1999 hospital discharge data indicated that 97% of the inpatient AIDS-related discharges (cases) had been reported to the DHEC HIV/AIDS Surveillance Program ("Improvements in AIDS Case Reporting, South Carolina" <u>JAMA</u> 1991; 265(3):356).

In July of 2001, the CDC sent states an evaluation program to conduct in HARS on the timeliness of HIV and AIDS reports. The results from the project indicated that the South Carolina HIV/AIDS program was well above the standard of 66% of cases reported within six months of diagnosis. The result from the evaluation determined that the timeliness for HIV reporting was 92.7% and AIDS reporting was 87.2% within 6 months. Several factors contribute to these higher percentages:

1) HIV surveillance has been conducted since February 1986;

- 2) Both physicians and laboratories are required to report positive EIA/WB, CD4 T-Lymphocyte counts of <200 or <14%, and detected HIV RNA and positive DNA viral load results, and
- 3) Active surveillance activities are conducted by regional surveillance coordinators assigned to 4 areas throughout the state.

CDC's AIDS Case Definition

As of January 1, 1993, the National Centers for Disease Control and Prevention (CDC) AIDS case definition has been expanded to include the following AIDS - defining conditions in people with HIV infection:

CD4T-lymphocyte count less than 200/ uL or CD4 T-lymphocyte percent of total lymphocytes less than 14%
Pulmonary tuberculosis (TB disease)
Invasive cervical cancer
Recurrent pneumonia, within a 12 month period

According to the Centers for Disease Control and Prevention (CDCP), the expanded HIV classification system and AIDS surveillance case definition is expected to increase the number of reported cases in 1993 by approximately 75%. The immediate increase in case reporting will largely be attributed to the addition of the severe immunosuppression to the definition.

The number of AIDS cases reported in South Carolina during January - March 1993 compared to January - March 1992 increased by 228%. This large increase was mainly attributable to the implementation of the CDC's Expanded HIV Classification system and AIDS surveillance case definition. This increase is also due to the expansion of surveillance efforts throughout South Carolina by the addition of staff referred to as regional surveillance coordinators. These regional surveillance coordinators are located in the 4 largest cities of the state (Charleston, Columbia, Florence, and Greenville) and are responsible for surveillance in the immediate areas surrounding them.

Exposure Categories

A hierarchy of exposure categories designed by the Centers for Disease Control has always been used for surveillance purposes. Persons with more than one reported mode of exposure are classified in the category listed first in the hierarchy, except for men who have sex with other men and inject drugs. They comprise a separate category. In addition, "undetermined" refers to persons whose mode of exposure to HIV is unknown. This includes persons who are currently under investigation, persons who died before exposure history was obtained, persons who are lost to follow-up, or persons who refused to be interviewed. The large numbers of "undetermined" mode of exposure in the HIV data is attributed to the fact that exposure category information is presently only available on persons reported from DHEC clinics. Consequently, this caveat should be taken into consideration when using the HIV exposure category data. In the future, DHEC will be using a combined HIV/AIDS report form designed by the Centers for Disease Control that will allow us to collect mode of exposure for HIV infection in both DHEC clinics and non-DHEC settings.

Rates

Some rates in this report are cumulative rates; they are on a cumulative basis per 100,000 population. The numerators for computing the cumulative rate are based on the cumulative number of AIDS cases or HIV infection by county of residence. The denominators for computing rates are based on estimates of the 2000 census data (Division of Research and Statistical Services, State Data Center, South Carolina Budget and Control Board). Each rate is computed as the cumulative number of cases divided by the current year estimated population, multiplied by 100,000. Incidence rates are also included. The numerators for incidence rates are based on the number of AIDS cases or HIV infection during the year of report. Incidence rates are computed as the number of cases in the report year divided by the current year estimated population, multiplied by 100,000.

AIDS CASE RESIDENCY AND DEDUPLICATION EFFORTS

AIDS and HIV Case Reporting

All states and U.S. territories have some form of HIV/AIDS reporting that incorporates reporting by individual medical care providers and/or laboratories conducting HIV related tests. This national effort enables public health surveillance staff to track the scope of the AIDS epidemic. It also allows the federal government to allocate funds equitably to the states for the care of people with HIV and AIDS who cannot pay for all or part of their treatment.

All states and areas have been reporting AIDS cases since 1986. Because of advances in treatment that have extended the time between HIV infection and a diagnosis of AIDS, states began instituting HIV reporting in 1985 as a way of understanding how the epidemic has changed and the progress of HIV disease. However, HIV case reporting is currently less standardized than AIDS case reporting. Some areas or states have only recently implemented HIV reporting and this reporting is not consistent across all areas. Therefore, AIDS case reports (also called surveillance data) are considered the only nationally representative data source for the epidemic.

Potential for Duplication

The potential for duplication has become more of an issue because of the mobility of our society and also because of the success of treatment for HIV and AIDS. Persons with HIV or AIDS may move for reasons related to their infection, for example, to be near family or friends, to seek social support services, to seek more knowledgeable physicians, to seek experimental drug programs, or because of inability to work due to HIV disease. With the advent and success of highly active antiretroviral therapy (HAART), those persons living relatively healthy lives may move for reasons unrelated to HIV or AIDS – to seek out new job opportunities or simply to fulfill a dream of living in a different place. This mobility increases the challenge of avoiding duplication in counting persons with AIDS across different jurisdictions throughout the US.

To counter the potential problem of duplication, CDC initiated the Interstate **Duplication Evaluation Project (IDEP) in 2002.** This considerable effort compared patient

records in the national database across states in order to identify potential duplicate cases. The following process was used.

- 1. CDC reviewed the national case reports sent to CDC through December 2001 for duplications. Because CDC does not receive names of patients, a match of information consisting of soundex (which is a code for the last name), date of birth, and gender identified potential duplications.
- 2. CDC provided states with a listing of all cases that were potential duplicates from other states. CDC also included additional supporting information such as diagnosis and death dates to assist states in their attempts to determine whether persons were the same or different individuals.
- 3. States contacted each other to compare their patient profiles along with additional information available at the state level that is not reported to CDC.
- 4. Based on their discussions, the states decided whether the cases represented the same person. If they did, the states determined the state of residency at the date of diagnosis.
- 5. The states forwarded these decisions to CDC, which returned them, after processing and quality control, to the states for updating their surveillance databases.

After de-duplication, the numbers of cumulative diagnosed AIDS cases in individual states will most likely decrease, as will the overall national numbers. CDC estimates that the decreases on the national level will be less than 5% of the AIDS cases reported over the entire history of the HIV epidemic.

How has this de-duplication effort affected the states' numbers of AIDS cases? Preliminary data suggest that there are, on average about 300 duplicate cumulative AIDS cases per state, although that ranged from 0 to over 3000 for individual states. This means that, again on average, that there were about 5% duplicate AIDS cases per state, although that ranged from 0 to 10%.

INCREASE IN CASES OF DIAGNOSED CHLAMYDIA

There is a noticeable increase in the number of diagnosed cases of Chlamydia starting in 2004. This is due in part to a new test assay being used that is more sensitive. The new test being used this year (Aptima) has enabled better detection of Chlamydia, and, therefore more cases are being diagnosed that would have been previously undetected. There is also an increase in the number of providers reporting Chlamydia cases in 2004.